|                          | 1715          | NI APPLICA<br>· E                               | ffective Dec                  |  |                          |                                   |   |                     | 10/2                   | 527        | 6059                | •                      |
|--------------------------|---------------|---|-------------------------------|--|--------------------------|-----------------------------------|---|---------------------|------------------------|------------|---------------------|------------------------|
|                          |               | CLAIMS  |                               | S FILED - PART I (Column 1) (Column 2)           |                          |                                   |   | SMALL EN            | TITY                   | OR         | OTHER<br>SMALL      |                        |
| <u> </u>                 | S. NATIONAL   | . STAGE FEES                                    | (Colum                        | nn 1)  |                          | (Column 2)                        | ] | RATE                | itt                    | 7          | KAIE                | FEE                    |
| BASIC FEE                |               |   | SMALL ENT                     | Г. = \$ 150                                      | LAR                      | GE ENT. = \$ 300                  |   | BASIC FEE           | <del> </del>           | OR         | BASIC FEE           | 30                     |
| EXAMINATION FEE          |               |   | Satisfies PCT /               |  |                          | ther situations = \$ 100 / \$ 200 |   | EXAM. FEE           |                        | 1          | EXAM. FEE           | 200                    |
| SEARCH FEE               |               |   | U.S. is ISA =<br>ALL other co | \$ 50 / \$ 100<br>xuntries =                     | All o                    | ther situations = 5 250 / \$ 500  |   | SEARCH FEE          |                        |            | SEARCH FEE          | 300                    |
| FEE FOR EXTRA SPEC. PGS. |               |   | min                           | us 100 =   |                          | / 50 =                            |   | X \$ 125 =          |                        |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |               |   | 31 mi                         | inus 20 = .                                      | ,                        | 11                                |   | X \$ 25 =           |                        | OR         | X \$ 50 =           | 550                    |
| 1D                       | EPENDENT C    | LAIMS   | 2 "                           | ninus 3 = .                                      | -                        |                                   |   | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
| IUL                      | TIPLE DEPEN   | NDENT CLAIM PF                                  | RESENT                        |  |                          |                                   |   | + \$ 180 =          |                        | OR         | + \$ 360 =          |                        |
| If                       | the differenc | e in column 1 is                                | less than zero                | o, enter "0"                                     | in $\alpha$              | olumn 2                           |   | TOTAL               |                        | OR         | TOTAL               | 1450                   |
| A 111                    | J JUS         | (Column 1) CLAIMS REMAINING AFTER AMENDMENT     | Minus                         | (Colum<br>HIGHE<br>NUMBI<br>PREVIOL<br>PAID F    | n 2)<br>ST<br>ER<br>ISLY | (Column 3)  PRESENT EXTRA         |   | RATE  X \$ 25 =     | ADDI-<br>TIONAL<br>FEE | OR         | RATE  X \$ 50 =     | ADD-<br>TIONAL<br>FEE  |
| 2                        | Independent   | 1. 2  | Minus                         | Z  |                          | =                                 |   | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
|                          |               | SENTATION OF N                                  | MULTIPLE DEP                  | ENDENT CL  | AIM                      |                                   | ı | +\$ 180=            |                        | OR         | + 360 =             |                        |
| إ                        |               |   |                               |  |                          |                                   | Ł | TOTAL CODIT.        |                        | <b>B</b> R | TOTAL ADDIT.<br>FEE |                        |
|                          |               | •   |                               |  |                          | (0.1                              |   |                     |                        |            | •                   |                        |
|                          |               | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | ·                             | (Column<br>HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY                 | (Column 3) PRESENT EXTRA          |   | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| } }                      | Total         | •   | Minus                         | ••   |                          |                                   | ſ | X \$ 25 =           |                        | OR         | X \$ 50 =           |                        |
|                          | Independent   | •   | Minus                         | ***  |                          | =                                 | ſ | X \$ 100 =          |                        | OR         | X \$ 200 =          |                        |
| l                        | FIRST PRES    | ENTATION OF M                                   | NULTIPLE DEPE                 | ENDENT CL  | AIM                      |                                   |   | + \$ 180 =          |                        | OR         | + \$ 360 =          |                        |
|                          |               |   |                               |  |                          |                                   | - | TOTAL ADDIT.<br>FEE |                        | OR         | TOTAL ADDIT.<br>FEE |                        |

**Application or Docket Number**